

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **17279**

FILED MAY 27 1955

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 548		Registrar's No. 1122	
1. PLACE OF DEATH a. COUNTY St Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves		c. LENGTH OF STAY (In this place) 1 day		c. CITY OR TOWN St Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 67 No. Gore				e. STREET ADDRESS (If rural, give location) 4654 Leona 2159			
3. NAME OF DECEASED (Type or Print) a. (First) Margaret		b. (Middle) _____		c. (Last) Maire		4. DATE OF DEATH (Month) (Day) (Year) May 14, 1955	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH Dec 23, 1868	
9. AGE (In years last birthday) 86		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY House wife		11. BIRTHPLACE (City and State or Foreign Country) Loose Creek, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frank Tillman		13b. MOTHER'S MAIDEN NAME Elizabeth Huschkin		14. NAME OF HUSBAND OR WIFE JOSEPH MAIRE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louise Hofmeister 67 No. Gore			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart, Cardiac dilatation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Endocarditis DUE TO (c) Arterio Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 15 yrs 20 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4214				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Dec 1952 to May 14, 1955 , that I last saw the deceased alive on May 17, 1955 , and that death occurred at 4:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. A. Rohlfing, M.D.				23b. ADDRESS 4724 Breuners		23c. DATE SIGNED 5/15/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/18/55		24c. NAME OF CEMETERY OR CREMATORY Assumption Cemetery		24d. LOCATION (City, town, or county) (State) Morrison, Mo.	
DATE REC'D BY LOCAL REG. 5/17/55		REGISTRAR'S SIGNATURE Harbert B. Donker, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J L Ziegenhein & Sons 7027 Gravois			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4853

P. O. Address 7027 Avenue

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.